Notice on Hearing About Court Fees	CONFIDENTIAL
1 Person who asked for the hearing: Name:	Clerk stamps date here when form is filed.
Street or mailing address:	
City: State: Zip:	
Phone number:	
<b>2 Lawyer,</b> if person in 1 has one (name, address, phone number, e-mail, and State Bar number):	
	Fill out court name and street address:
	Superior Court of California, County of
The court received your request for a hearing about your court fees on (date):	
	Fill in case number and case name:
Read this form carefully. All checked boxes $\ensuremath{\square}$ are court orders.	Case Number:
The court grants your request for a hearing on your eligibility for a fee waiver. Go to your court hearing on the date below. You may bring	Case Name:
Hearing Date: Time: Rm.:  Time: Rm.:  Time: Rm.:	):
<ul> <li>a.   The hearing request was not filed within ten days after the clerk for a fee waiver. (Government Code section 68634(g).)</li> <li>b.   No request to waive fees has been denied by the court in your acc.   Other (explain):</li> </ul>	tion.
Signature of (check one):  Juda  Request for Accommodations: Assistive listening systems, compute language interpreter services are available if you ask at least five days be office for Request for Accommodation, Form MC-410.	er-assisted real-time captioning, or sign
Clerk's Certificate of Service	
I certify that I am not involved in this case and (check one):	
$\square$ I handed a copy of this notice to the party and attorney, if any, listed in $\textcircled{1}$ and	
☐ This notice was mailed first class, postage paid, to the party and attorney, if a from (city):, California on the date below	ny, at the addresses listed in $\bigcirc$ and $\bigcirc$ , ow.
Date: Clerk, by	, Deputy